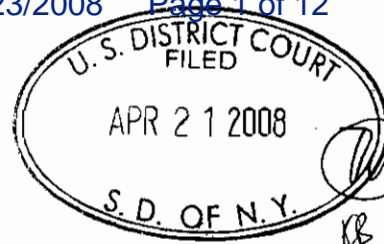


DOC # 5

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK



Lisa Price

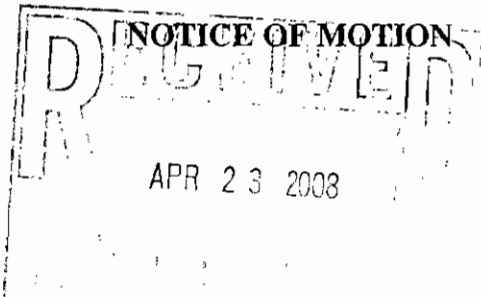
(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

FILED ELECTRONICALLY  
DOC #:  
DATE FILED: 4/23/08

- against -

Mount Sinai Hospital, Etal

07 Civ. 11318 ( ) ( )



(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

PLEASE TAKE NOTICE that upon the annexed affirmation of Lisa Price,  
(name)

affirmed on 21 04, 2008, and upon the exhibits attached thereto (delete if no  
(date)  
exhibits), the accompanying Memorandum of Law in support of this motion (delete if there is no

Memorandum of Law), and the pleadings herein, plaintiff/defendant will move this Court, before  
(circle one)

Michael H. Dolinger United States District/Magistrate Judge, for an order  
(Judge's name) (circle one)

pursuant to Rule \_\_\_\_\_ of the Federal Rules of Civil Procedure granting (state what you want the  
Judge to order):

Amending Summons - The defendants have not responded to my complaint that was sent by the U.S. Marshal Dept. The U.S. Marshal's office will have to serve them personally but they will need more time. Please see copies of document showing that I sent I complaint/summons on 3/15/08 within the 10

I declare under penalty of perjury that the foregoing is true and correct. days.

Dated: New York, NY  
(city) (state)  
04 21, 2008  
(month) (day) (year)

Signature Lisa Price  
Address 1952 First Avenue Apt 3K  
New York, NY 10029  
Telephone Number (212) 831-2957  
Fax Number (if you have one) SAME

The summons have

ENDORSED ORDER

Rev. 05/2007

The U.S. Marshal advises that it mailed the summons and complaint on March 26, 2008, and that if no response is received by April 28, 2008, personal service will be attempted. Accordingly, no relief is currently needed.

222/1000 4/23/08

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

LISA PRICE

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

07 Civ. 11318 ( ) (MHD)

- against -

**AFFIRMATION IN  
SUPPORT OF MOTION**

Mount Sinai Hospital, Etal

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

I, LISA PRICE, affirm under penalty of perjury that:

1. I, LISA PRICE, am the plaintiff defendant in the above entitled action,  
(name) (circle one)  
and respectfully move this Court to issue an order Amending Summons.  
(state what you want the Judge to order)

2. The reason why I am entitled to the relief I seek is the following (state all your reasons using additional paragraphs and sheets of paper as necessary): The defendants Mount Sinai Hospital, Etal have not responded to my summons, therefore the US Marshals have to personally serve summons but will need an extended time period. I filed my complaint to US Marshals on 3/16/08 within the 120 days, but they need more time since Mount Sinai has not responded.

**WHEREFORE**, I respectfully request that the Court grant this motion, as well as such other and further relief as may be just and proper.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: New York, NY  
(city) (state)  
04 21, 2008  
(month) (day) (year)

Signature Lisa Price  
Address 1952 First Ave Apt 3L  
New York, NY 10029  
Telephone Number (212) 831-2957  
Fax Number (if you have one) same

\* (The summons have expired please issue a new summons)

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Lisa Price  
1952 First Avenue Apt 3L  
New York, NY 10029



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*U.S. Marshal's Office-S.O.N.Y.  
Daniel Patrick Moynihan U.S.  
Courthouse  
590 Pearl Street, 4th FL  
New York, NY 10007*

2. Article Number

(Transfer from service label)

7005 1820 0004 9033 5108

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature ☒ Agent  
☐ Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes ☐ No  
If YES, enter delivery address below:

MAR 19 2008

3. Service Type  
☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☐ No

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

NEW YORK NY 10007-1000

Postage	\$	\$2.16	0026	Postmark Here
Certified Fee		\$2.65	02	
Return Receipt Fee (Endorsement Required)		\$2.15		
Restricted Delivery Fee (Endorsement Required)		\$0.00		
Total Postage & Fees	\$	\$6.96		03/18/2008

Sent To  
*U.S. Marshal's Office-S.O.N.Y.  
Street Apt. No.  
or PO Box No.  
City, State, ZIP+4<sup>®</sup> Pearl Street, 4th FL  
New York NY 10007*

PS Form 3800, June 2002

3/18/08

List Price  
1952 First Ave  
APT 37  
New York NY 10029  
Tel (212) 831-2957  
Email - LPRITICE@aol.com

ATTN: United States Marshal's Office - S.D.N.Y.

I have enclosed the following documents  
regarding my summons and compliance to be  
served to Mount Sinai, Martin Muzel, MD and  
Megan Morgan.

I have enclosed the following documents  
as listed on the Check to let you use  
your Marshals services. It includes all  
documents as listed with address to serve  
the summons should be served. If you  
have any questions please feel free to contact  
me at the telephone number on summary -  
address listed above. Thank you for your  
time and cooperation.

Sincerely,  
LPRITICE  
List Price

United States Marshals Service  
United States Marshals Service to  
the Marshals:

order granting in forma pauperis

ing in forma pauperis (one for each

for you);

soners (if applicable);

IT:

Marshals Service regarding extra

Marshals Service (included only)

\* \* \* \* \*

### Plaintiff's Checklist of Documents to be sent to the United States Marshals Service

If you were granted *in forma pauperis* and are using the United States Marshals Service to serve your defendants, you must send the following documents to the Marshals:

- ☒ Original summons (with the raised seal of the Court on it);
- ☒ Copies of the summons (one for each defendant);
- ☒ Certified copy of the *in forma pauperis* application or order granting *in forma pauperis* (with the raised seal of the Court on it);
- ☒ Copies of the *in forma pauperis* application or order granting *in forma pauperis* (one for each defendant);
- ☒ Copies of the complaint (one for each defendant and one for you);
- ☒ Copies of the Local Rule 33.2 Discovery Requests for prisoners (if applicable);
- ☒ USM-285 Marshals Service forms (one for each defendant);
- ☒ Memorandum from the *Pro Se* Clerk to the United States Marshals Service (regarding extra copies for service);
- ☒ Memorandum from the *Pro Se* Clerk to the United States Marshals Service (included only if you are suing government officials).

Rev. 07/2007



U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <i>Lisa Price</i>		COURT CASE NUMBER <i>07 CV 11318</i>	
DEFENDANT <i>Mount Sinai Hospital</i>		TYPE OF PROCESS <i>Summons and Complaint</i>	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Megan Morgan</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>One Gustave L. Levy Place, Annenberg 17-66 New York, NY 10029 (Box 1198)</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW			
<div style="border: 1px solid black; padding: 5px;"> <i>Lisa Price</i>  <i>1952 First Avenue Apt 3L</i>  <i>New York, NY 10029</i> </div>		Number of process to be served with this Form - 285	<i>1</i>
		Number of parties to be served in this case	<i>1</i>
		Check for service on U.S.A	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

*Tel (212) 241-8088 / Fax (212) 289-8569*  
*The best time to serve the summons and complaint is between*  
*9:00 A.M. - 5:00 P.M. - Mon - Friday*

Signature of Attorney or other Originator requesting service on behalf of

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

*Lisa Price**(212) 831-2957**3/18/08*

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No	No		
I hereby certify and return that I have personally served, I have legal evidence of service, I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)					
Name and title of individual served (if not shown above)				<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode	
Address (complete only if different than shown above)				Date of Service	Time am pm
				Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or
					Amount of Refund

REMARKS:

U.S. GPO: 2005-343-659/90103

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form

PLAINTIFF <i>Lisa Price</i>	COURT CASE NUMBER <i>07 CV 11318</i>
DEFENDANT <i>Mount Sinai Hospital</i>	TYPE OF PROCESS <i>Summons and Complaint</i>
SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Mount Sinai Hospital - Assoc General Counsel: Sally Strauss</i>
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>1425 Madison Avenue, New York, NY 10029 (Box 1099) located at the corner of 98th Street</i>
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	
<input type="checkbox"/> Lisa Price 1952 First Avenue Apt 3L New York, NY 10029	Number of process to be served with this Form 285 <i>1</i>
	Number of parties to be served in this case <i>1</i>
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

*Labor Relations - Attn Jeff Cohen - Vice President  
one Gustave L. Levy Place Box 1097 New York, NY 10029  
Tel (212) 241-8381*

*Assoc General Counsel - Sally Strauss Tel (212) 659-8105*

Fold

Signature of Attorney or other Originator requesting service on behalf of

*Lisa Price*
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

*(212) 831-2957*

DATE

*3/18/08*

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No	No		

I hereby certify and return that I have personally served, I have legal evidence of service, I have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in the defendant's usual place of abode	
Address (complete only if different than shown above)	Date of Service	Time am pm
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:



U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <i>Lisa Price</i>		COURT CASE NUMBER <i>07 CV 11318</i>	
DEFENDANT <i>Mount Sinai Hospital</i>		TYPE OF PROCESS <i>Summons and Complaint</i>	
SERVE ➡  AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>Mario Nozzolillo</i>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>5 East 98th Street, 8FL New York, NY 10029 (Box 1200)</i>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form 285	<i>1</i>
<input type="checkbox"/> <i>Lisa Price</i> <i>1952 First Avenue Apt 3L</i> <i>New York, NY 10029</i>		Number of parties to be served in this case	<i>1</i>
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

*Tel # (212) 241-9464*

*Mon-Friday 9:00 A.M.-5:00 P.M.*  
*It is best to serve the summons & complaint between*  
*on the front of the envelope place "Confidential" only to be open by*  
*individual - Mr. Nozzolillo*

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE:

*Lisa Price**(212) 831-2957**3/18/08*

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No	No		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See Remarks below)

Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in the defendant's usual place of abode	
Address (complete only if different than shown above)	Date of Service	Time
	Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Lisa Price

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

-against-

Mount Sinai Hospital, Megan Morgan  
Mario Nozzolillo

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

**I.F.P. GRANTED.**

Leave to proceed in this Court  
without payment of fees is  
authorized. 28 U.S.C. § 1915.

So Ordered. REQUEST TO PROCEED  
IN FORMA PAUPERIS  
DEC 14 2007

(Date)

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Christina Y. Wood  
Chief Judge

I, Lisa Price, (print or type your name) am the plaintiff/petitioner in the above entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed:
- give the name and address of your employer
  - state the amount of your earnings per month

Century Operating Corp - 7 Penn Plaza, Suite 1400, NY NY 10001  
12 week "Temp" assignment at \$20 per hour

2. If you are NOT PRESENTLY EMPLOYED:
- state the date of start and termination of your last employment
  - state your earnings per month

**YOU MUST ANSWER THIS QUESTION EVEN IF YOU ARE INCARCERATED.**

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

Partial disability payment from my disability in Sept 2007

a) Are you receiving any public benefits?

☐ No.

☒ Yes, \$ Medicaid Card  
health "only"

b) Do you receive any income from any other source?

☒ No.

☐ Yes, \$

DEC 0 1 2007

UNITED STATES GOVERNMENT

## memorandum

Date:

1/4/08

Reply to

Attn of: *Pro Se* Office

Subject: Service of Process in:

*Lisa Rice* v. *Mount Sinai Hospital, et al*  
07 Civ. 11318 (BSJ)

To: U.S. Marshal

Attached are two additional copies of the complaint in the above-referenced action.  
These copies are provided in the event you will have to serve the defendants personally.

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Lisa Price

(In the space above enter the full name(s) of the plaintiff(s)/petitioner(s).)

07 Civ. 1/3/8 ( ) MHD

- against -

Mount Sinai Hospital, Etal.

**AFFIRMATION OF SERVICE**

(In the space above enter the full name(s) of the defendant(s)/respondent(s).)

I, LISA PRICE, declare under penalty of perjury that I have  
(name)

served a copy of the attached Amending Summons  
(document you are serving)

upon Law Counsel - Sally Struss whose address is 1425 Madison  
(name of person served)

Avenue (Box 1099) New York, NY 10029  
(where you served document)

by Certified Mail  
(how you served document: For example - personal delivery, mail, overnight express, etc.)

Dated: New York, NY  
(town/city) (state)  
04 21, 2008  
(month) (day) (year)

Lisa Price  
Signature  
1952 First Avenue Apt 3L  
Address  
New York, NY  
City, State  
10029  
Zip Code  
(212) 831-2957  
Telephone Number